

APPLICATION FOR CLOSING EASEMENTS, CLOSING RIGHTS-OF-WAY OR VACATION OF PLAT

Applicant (Printed Name):			
Address:			
	State:		
Phone:	Fax:		
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Email:			
 B. Detailed description of reason C. Legal description and address D. Legal description of entire eas E. Legal description of the portion F. Survey depicting the entire prolatems C, D, E: {Please provide in digital for 	n for your request (attach detailed letters of the subject property; sement or public right-of-way; on of the easement or right-of-way requestry, entire easement/right-of-way, igital form in WORD format.	uested to be closed; and portion to be closed.	
	nd stamps must not encroach into t	_	
Signature of Property Owner(s) or	provide a copy of Property Deed sho	wing ownership	
Printed name:	Printed Name:		
Fee: See Manual of Fees		Received by:	



Property Location:					
Legal Descri _l	otion: Subdivision	1 04	Disak		
		Lot	Block		
If unplatted: Please attach legal description					
Applicant (Pr	inted Name):				
Address:			_		
			Zip:		
			nx:		
AEP/PSO:	Mark Butler				
	Phone: 918.599.2351				
	Fax: 1.866.599.3226				
	Email: mabutler@aep.com				
Windstream:	Angela Rahe	Signature:			
	Phone: 918.451.3427	Comments:			
	Fax: 918.451.1865				
	Email: Angela.rahe@windstream.com				
ONG:	Lee Miller	Signaturo			
ONG:	Phone: 918.831.8293				
	Fax: 918.831.8250	Comments.			
	Email: Imiller@ong.com				
	Email: imilier@orig.com				
COX:	Kevin Catlett	Signature:			
	Phone: 918.286.4658				
	Fax: 918.286.4018				
	Email: kevin.catlett@cox.cor	n			